



**PARENT AUTHORIZATION FOR SPECIAL HEALTH CARE/ HEALTHCARE
PROVIDER'S ORDER AND APPROVAL OF SPECIAL HEALTH CARE
PROCEDURE**

Parent Authorization for Special Health Care		
The undersigned, who is/are the parent(s) of		
Student's Name	Date of Birth	
request(s) that the following health service(s)		
 _____ _____		
be provided for the student during the ____ school year. It is understood that the services will not begin until the written orders are on file, the designated personnel are adequately trained, and that they will be using a standardized procedure which has been approved by the healthcare provider. The school nurse will contact the prescribing physician should a clarification of this order be necessary.		
The school will be notified immediately if the health status of ____ changes, if the healthcare provider is changed, or there is a cancellation of the procedure. It is understood that the above procedure should be scheduled before or after school whenever possible.		
Signature(s) of Parent(s)	Date	
Healthcare Provider's <u>Order</u> and <u>Approval</u> of Special Health Care Procedure		
Healthcare Provider's <u>Written Order</u> for Special Health Care Procedure: _____		
_____ _____ _____		
<input type="checkbox"/> I have reviewed the health care plan/procedure and approve it as written. (Copy of school's standardized procedure attached)		
<input type="checkbox"/> I have reviewed the health care plan/procedure and approve it with the attached amendments.		
<input type="checkbox"/> I do not approve the health care plan/procedure. A substitute plan is attached.		
IT WILL BE APPROPRIATE AND NECESSARY FOR THIS PROCEDURE TO BE PERFORMED BY <u>TRAINED TRANSPORTATION PERSONNEL</u>: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Other recommendations:		
_____ _____ _____		
Healthcare Provider's Name (Print)	Healthcare Provider's Signature (M.D., D. O. or Nurse Practitioner ONLY)	Date
Address	Phone Number	
If you need to contact me by telephone, I would suggest the following times:		